DIRECT DEPOSIT SIGN-UP FORM (ANGUILLA)

APPLICATION FOR PAYMENT OF UNITED STATES SOCIAL SECURITY MONTHLY BENEFITS BY DIRECT DEPOSIT

	ssary changes in Section m in the envelope provide		ete Section 2. Ask your bank to complete Section 3.		
SECTION 1 (If the address below is incorrect, or if it is your bank's address, please complete Section 1A.)			SECTION 1A (If the address in Section 1 is not your correct address, please print your correct mailing address below.)		
			ADDRESS CHANGE		
Social Security Claim Number Person Entitled to Payment					
SECTION 2					
PAYEE CERTIFICATION I certify that I have read and understand the back of this form. In signing this form, I authorize the Social Security Administration to send my payment to my bank and deposit it in the designated account. I understand that personal information in these payments will be treated confidentially, but I consent to disclosure of payment information that is compelled by law or necessary to protect against fraud or crime.			JOINT ACCOUNT HOLDER=S CERTIFICATION I certify that I have read and understand the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.		
SIGNATURE		DATE	SIGNATURE DAT	E	
YOUR DAYTIME TELEPHONE NUMBER			This account is: My own account. A joint account.		
	bank to complete this sec		0.0		
This account must be i	n East Caribbean Dollars.	•			
NAME OF BANK*					
ADDRESS OF BANK	*				
BANK PHONE NUME	BER				
If your bank does n			ode please complete only the account number I	below.	
BANK CODE BRANCH/TRANSIT ACC		COUNT NUMBER*			
0					

MAIL COMPLETED FORM TO:

SIGNATURE OF BANK OFFICIAL

> International Treasury Services Federal Reserve Bank of New York E. Rutherford Oper. Ctr., 1st Floor 100 Orchard Street East Rutherford, NJ 07073

USA

BANK OFFICIAL'S NAME PLEASE PRINT

^{*}Bank name, bank address, and account number MUST BE COMPLETED!

IMPORTANT INFORMATION - PLEASE READ CAREFULLY

The information you give on this form is confidential. We need the information to send your U.S. Social Security payments electronically to your Eastern Caribbean Dollar account at your bank in Anguilla.

IF YOUR ADDRESS CHANGES

If your address changes, you must inform the U.S. Social Security Administration because letters about your payments will still be mailed to your home address. If we cannot locate you, your payments may be stopped.

WHEN YOU WILL RECEIVE YOUR DIRECT DEPOSIT PAYMENTS

Your payment will be sent to your financial institution in Anguilla and will usually be in your account the day after the U.S. payment date. You can avoid waiting up to 15 working days for your check to clear. With direct deposit you will have immediate access to your money.

INFORMATION ABOUT CURRENCY CONVERSION

With direct deposit, you will not need to pay a check cashing fee for the conversion of your U.S. dollars to Eastern Caribbean Dollars. A few days before the payment date, your U.S. Social Security payment is automatically converted to Eastern Caribbean Dollars at an exchange rate that is competitive with a rate offered by banks in Anguilla on that day.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

If you have a joint account with a person who receives Social Security payments, and that person dies, you must immediately contact your bank <u>and</u> the U.S. Social Security Administration. <u>Any Social Security payments deposited into a joint account after the death of a beneficiary must be returned to Social Security</u>. As soon as we are advised of the death, if you are eligible to receive Social Security, we will determine whether your benefit amount will change and will send you any money that we owe you.

CHANGING BANKS OR BANK ACCOUNTS

If you change your bank or your account, you must notify:

International Treasury Services		Social Security Administration			
Electronic Payments Function		Office of International Operations			
Federal Reserve Bank of New York		PO Box 17769			
East Rutherford Operations Center – 1 st Floor		Baltimore, MD 21235-7769			
100 Orchard Street		USA			
East Rutherford, NJ 07073					

You may need to fill out a new sign-up form. **Do not close your old account until payments have started coming to your new account.**

PAPERWORK REDUCTION ACT STATEMENT

This information meets the requirements of 44 U.S.C. §3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 5 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: SSA, 1338 Annex building, Baltimore, MD 21235-0001. Only comments relating to our time estimate should be provided, not the completed form.